

**St. Cloud State University
Center for Information Media
Graduate Certificate in Instructional Technology
Certificate Program Form**

Student's Name (please print): _____

Master's Program: Yes _____ No _____

Social Security Number/Student ID: _____

Date: _____

Address: _____
Street City State Zip

COURSES	SUBSTITUTIONS	CREDITS	DATE TAKEN	PLACE, IF NOT SCSU
IM 504 Instructional Design I, 3 C.	_____	_____	_____	_____
IM 554 Developing Skills for Online Learning , 3 Cr.	_____	_____	_____	_____
IM 555 Design and Preparation of Multimedia Presentations I, 3 Cr.	_____	_____	_____	_____
Electives, 1-3 Cr.	_____	_____	_____	_____

SIGNATURE OF STUDENT: _____

SIGNATURE OF ADVISER: _____

DATE _____

SIGNATURE OF GRADUATE DEAN: _____

DATE _____

Office Use Only:
Student Notified: _____
10/05

**St. Cloud State University
Center for Information Media
Certificate in Instructional Technology Program
Student Data**

Name _____
First **Middle** **Last**

Address _____

Phone Number (____) _____ (home) (____) _____ (work)

E-mail Address _____

Background Information

Are you currently employed? If so, where and in what position?

Why are you interested in acquiring the instructional technology certificate?

When do you anticipate finishing the requirements needed for the instructional technology certificate?

When do you anticipate graduating?

Are you a part of a cohort group taking the course work at an off-campus site? If so, which group? What location?